

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

0284938 AV

**DOCUMENT # P99000022679**

1. Entity Name  
**CUTTING EDGE MARBLE & GRANITE, INC.**



04-28-2003 91430 032 \*\*\*150.00

Principal Place of Business  
8693 NW 66TH STREET  
MIAMI FL 33166

Mailing Address  
8693 NW 66TH STREET  
MIAMI FL 33166



2. Principal Place of Business  
**7271 NW 43rd Street**

3. Mailing Address  
**7271 NW 43rd Street**

CHECK HERE IF MAKING CHANGES

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number **65-0902571**  
Applied For  
 Not Applicable

Zip Country  
**33166 USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAZ, ASTOR A**  
8693 NW 66TH STREET  
MIAMI FL 33166

Name  
**PAZ, ASTOR A**  
Street Address (P.O. Box Number is Not Acceptable)  
**7271 NW 43rd Street**  
City **Miami** FL Zip Code **33166**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	PAZ, ASTOR	
STREET ADDRESS	1721 SW 136TH WAY	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	PRADO, ADOLPH	
STREET ADDRESS	10260 SOUTH KENDALE BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paz, Astor	
STREET ADDRESS	7271 N.W. 43rd St.	
CITY-ST-ZIP	Miami, FL 33166	
TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRADO, ADOLPH	
STREET ADDRESS	7271 N.W. 43rd St.	
CITY-ST-ZIP	Miami, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)